



ATTORNEY DOCKET NO. 71711

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Heiberger et al.

Appln. No.: 09/934,803

Filed: August 22, 2001

For: HOMOPOLAR MACHINE WITH SHAFT  
AXIAL THRUST COMPENSATION  
FOR REDUCED THRUST BEARING  
WEAR AND NOISE

Group Art  
Unit: 2834

Examiners: Burton S. Mullins

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, U.S. Patent & Trademark Office, Washington, D.C. 20231, on this date.

November 22, 2002  
Date

Pamela M. Stone  
Pamela M. Stone

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DEC - 4 2002  
TECHNOLOGY CENTER 2800

**SECOND SUPPLEMENTAL  
INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

As a supplement to the Information Disclosure Statement filed on August 22, 2001, and the Supplemental Information Disclosure Statement filed on November 20, 2001, enclosed herewith is a copy of one document listed as item AA on the attached Form PTO-1449.

The filing of this Information Disclosure Statement is being made after the receipt of the first Office Action pursuant to 37 CFR 1.97(c). Therefore, a fee is believed to be due. A Fee Transmittal to cover this fee is included herewith.

The filing of this Information Disclosure Statement shall not be construed to mean that a search has been made. See 37 CFR 1.97(g).

#5/Supp IDS  
DETAILS  
12.11.02

09934803

12/02/2002 WABDELRI 06000131 061135

01 FC:1806 180.00 CH

IDS  
S.N. 09/934,803

Further, the filing of this Information Disclosure Statement shall not be construed as an admission that any publication or other information referred to herein is, or is considered to be, material to patentability as defined in 37 CFR 1.56(b). See 37 CFR 1.97(h).

Concise Explanation of Relevance

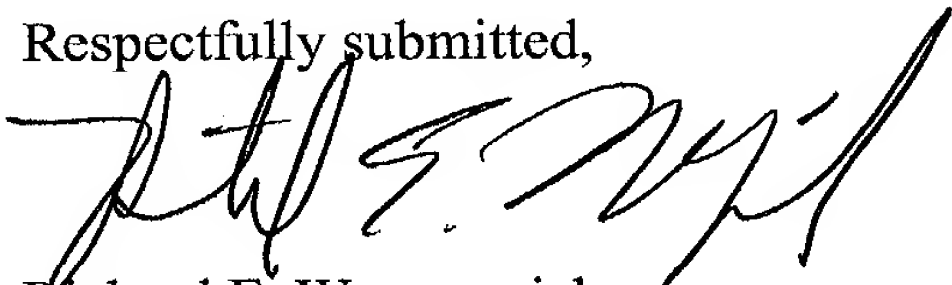
Item AA listed on the Form PTO-1449 is not in the English language.

A concise explanation of the relevance of item AA is provided in an English-language translation of the abstract also included herewith.

It is requested that the information provided herein be made of record in this application.

Dated: 11/22/02

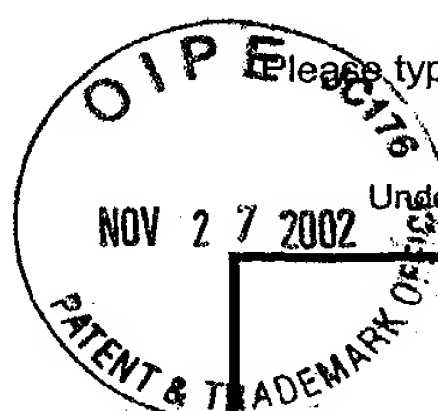
Respectfully submitted,

  
Richard E. Wawrzyniak  
Reg. No. 36,048

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\$2834



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/934,803	
	<b>Filing Date</b>	August 22, 2001	
	<b>First Named Inventor</b>	Heiberger, Michael	
	<b>Group Art Unit</b>	2834	
	<b>Examiner Name</b>	Mullins, Burton S.	
<b>Total Number of Pages in This Submission</b>	24	<b>Attorney Docket Number</b>	71711

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (in duplicate)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  - Form PTO-1449 - copy of one (1) reference - Return Receipt Postcard
<b>Remarks</b>  - Amendment and Response to Office Action mailed August 22, 2002		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual name	Richard E. Wawrzyniak, Reg. No. 36,048 FITCH, EVEN, TABIN & FLANNERY
Signature	
Date	11/22/02

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		November 22, 2002	
Typed or printed name	Pamela M. Stone		
Signature		Date	November 22, 2002

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# **FREE TRANSMITTAL for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$264.00

Complete if Known	
Application Number	09/934,803
Filing Date	August 22, 2001
First Named Inventor	Heiberger, Michael
Examiner Name	Mullins, Burton S.
Group Art Unit	2834
Attorney Docket No.	71711

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number: 06-1135

Deposit Account Name: Fitch, Even, Tabin & Flannery

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

1. BASIC FILING FEE					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					\$00.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
19	-20**= 0	X 0	= 0
Independent Claims: 4	-3**= 1	X \$84.	= \$84.
Multiple Dependent		0	= 0

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$84.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	\$180.
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					\$180.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Richard E. Wawrzyniak	Registration No. (Attorney/Agent)	36,048
Signature	<i>Richard E. Wawrzyniak</i>	Telephone	858-552-1311
		Date	11/22/02

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.**

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